



Iowa Department of Public Health
Bureau of Emergency and Trauma Services

Change of Iowa EMS Certification Status Application

Instructions:

Please complete this application in its entirety to change your current active Iowa EMS certification to an Inactive Status in accordance with IAC 641-131.6(1)h. Submit the completed application to:

Iowa Department of Public Health
Bureau of Emergency and Trauma Services
321 East 12th Street
Des Moines, Iowa 50319

Failure to provide a completed application may delay your request. Once the application for an inactive certification status has been received it will be processed and if approved your current active Iowa EMS certification will be changed to an inactive status. An inactive Iowa EMS certification may be reactivated in accordance with IAC 641-131.6(4).

Applicant Information

Last Name:

First Name:

MI:

Home Mailing Address:

City:

State:

Zip Code:

Area Code and Phone Number:

Email Address:

I request that the following Iowa EMS certification status be changed from active to inactive:



Iowa Department of Public Health
Bureau of Emergency and Trauma Services

Affirmation Questions:

Please respond to each question listed below by marking either “Yes” or “No”:

Yes

No

- | | | |
|--|--------------------------|--------------------------|
| 1. Do you have a medical condition which in any way impairs or limits your ability to provide emergency medical care? “Medical condition” means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you within the past 5 years engaged in the illegal or improper use of drugs or other chemical substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of, found guilty of, or entered a plea of no contest to a felony or misdemeanor crime? (other than minor traffic violations with fines under \$250.00) You must answer, “yes” even if the matter has been expunged from the record. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a license issued to you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have there ever been judgement or settlements paid on your behalf as a result of a professional liability case? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: Has documentation previously been provided to the Bureau for any “YES” answer(s) above?

☐ Yes

☐ No

I hereby certify that the information provided on this application form is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in the denial, probation, suspension, or revocation of my certification(s). I also understand that I am required to update answers or information submitted herewith if the response or the information changes. In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I have provided on or in conjunction with this application.

Applicant’s Signature

Date